



# Children's Program Registration Form Fall 2016 - Spring 2017

Date: \_\_\_/\_\_\_/\_\_\_

Class Preference: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_ Mom/Dad/Guardian Name: \_\_\_\_\_

Child's Email Address (if applicable): \_\_\_\_\_

Medical Conditions: NO or Yes: \_\_\_\_\_

*\*if yes please give details and/or attach medical information!*

### Liability Release

I, the parent/guardian of (Student's Name) \_\_\_\_\_, do hereby consent to my child's participation in dance lessons, instructional programs, recitals and other activities provided by Mass Motion Dance. I do realize that dance is a physical activity and that there are risks involved. In consideration of my child receiving services as described above, I agree to release, hold harmless, and indemnify Mass Motion Dance and its owner Terri Gordon, employees, agents, instructors and officers from any and all claims, actions, causes of action, damages, and attorney fees, arising from personal injuries that may be sustained by my child resulting from participation in the programs provided by Mass Motion Dance.

### Photo Liability Release

I allow pictures of my child to appear on the Mass Motion Dance website.  
 I do not wish to allow my child's pictures to appear on the Mass Motion Dance website.

### Tuition Payment Agreement

I understand that by signing this agreement, I am committing to pay a monthly tuition of \$ \_\_\_\_\_ on the 1<sup>st</sup> of each month for a total of 10 months, September through June. *\*Cancellation policy: Students that decide to stop taking classes throughout the year must provide a 30 day written notice prior to 1<sup>st</sup> of following month.*

### Autopay Authorization

I would like to be enrolled in automatic payments.  Master Card  Visa  AMEX Name on Card: \_\_\_\_\_  
 Credit Card #: \_\_\_\_\_ Expiration Date \_\_\_/\_\_\_/\_\_\_ CVC Code: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

How did you hear about MMD:  Friend  Web  Parent's Paper  Newspaper  Other: \_\_\_\_\_

BOSTON MAILING ADDRESS: 100 Holton Street Brighton, MA 02135

### Mass Motion Dance Academy Staff Only:

Classes: \_\_\_\_\_ Registration Fee: \_\_\_\_\_ Tuition: \_\_\_\_\_  
 June 2016 PD: \_\_\_\_\_ First Month PD: \_\_\_\_\_ Payment Type: \_\_\_\_\_ Total 1st Payment: \_\_\_\_\_